

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**SERIAL NO.**

10/ 591476

**FILING DATE**

9/1/06

**APPLICANT(S)**

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		3				
6		1				
7		1				
8	1		1			
9	1		1			
10	1		1			
11		20				
12						
13		8				
14		1				
15	1		1			
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TOTAL IND.			7			
TOTAL DEP.			17			
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						